

HIGHTOWER DEPOSITION EX. 6

LICENSE TO CARRY

G 13 - S

FIREARMS WORK SHEET

BPD SWORN ONLY

Name: HIGHTOWER, Stacey
 Last First Middle
 Date of Birth: 03 / 27 / 1965
 Maiden Name: _____
 Place of Birth: Boston
 Residence: P.O. BOX 200105
 City: Boston Zip Code: 02120
 Phone: 617-823-0023
 Naturalized Citizen: Yes Yes / No: No
 Date of Naturalization: 1 / 1
 Drivers License Number: 010581001
 Social Security Number: 010581001
 M/F? F Hair: BROWN Eyes: BROWN
 Wt: 160 Ht: 5-05 Complexion: MED
 Rank: 09 / Patrol Officer
 Identification (ID) Number: 12124
 Assignment: B2
 Date Of Appointment: 6/10/1998
 Work Phone: 617-343-4270
 Are You Renewing An Existing License? ☒ Yes ☐ No
 License Number: _____
 Issued By: _____
 Expiration Date: 1 / 1
 Restrictions: _____
 Are There Any Complaints Or Charges Pending Against You? NO
 Are You Currently Under Suspension? NO
 Do You Carry A Department Firearm? ☒ Yes ☐ No
 Are You Currently Subject To Any Abuse Orders Issued Under Chapter 208A or 209A Of The Massachusetts General Laws? ☐ Yes ☒ No
 Order Number: _____
 Issuing Court: _____
 Issuance Date: _____

Application Date: 7/9/08
 AFIS Tracking # FBOS: 10078691A
 Interviewing Officer: ELC
 Criminal History Completed: ☒ Yes ☐ No
 Criminal History Located? ☒ Yes ☐ No
 Date Tracking Submitted: 7/9/08
 Date Tracking Returned: 7/20/08
 DMH Check Submitted: 7/9/08
 DMH Check Returned: DK
 Copy Of Department ID: Attached
 Proof of Residency: Attached / Not Required
 Firearms Safety Course Certificate: { } On File
 { } Attached { } Not Required
 Applicant Printed (New Application): ☐ Yes ☒ No
 Other Documents Attached or Required: _____

Reviewed By IAD: mdhIAD Review Date: 7-30-08☒ This License Is Approved Without Restrictions (ALP).☐ This License Is Approved With The Following Listed Restrictions: _____Approved By: [Signature]License #: 12303151A

Issuance Date: _____

Expiration Date: _____

☐ This License Is Denied For The Following Reason(s): _____

Commissioner's Stamp:

[Signature]
 Police Commissioner